

2005 Statewide Hospital Service Report Summary

Indiana Code 16-21-6-11 requires the Indiana State Department of Health (ISDH) to publish information filed by hospitals to assist the consuming public in making utilization comparisons among hospitals. The following information will review the key characteristics, inpatient and outpatient services, and trends of acute care hospitals in the state of Indiana¹. The results are based on totals from the 137 individual hospital service reports (including three satellite hospitals) that are also available on this Web site.

Characteristics of Indiana Hospitals

In December 2005, there were 134 acute care hospitals in Indiana. These hospitals were located in 76 of the 92 counties (see Figure A on page 2).

In 2005, these acute care hospitals had the following characteristics:

- **Type of Hospital:** The majority of hospitals (58%) were established to offer general acute care services. 42 percent of the hospitals were designated by the Centers for Medicare and Medicaid Services (CMS) to focus on rehabilitation needs (8 hospitals), long-term acute care (15 hospitals), and/or to serve the needs of rural counties (36 critical access hospitals).
- **Size of Hospitals:** Hospitals had an average set-up bed capacity of 128 beds. 14 hospitals had over 300 beds; 21 hospitals had from 150 to 299 beds; 44 hospitals had from 51 to 149 beds; and 55 hospitals had bed capacities under 50 beds.
- **Inpatient/Outpatient Utilization:** Hospitals had 737,581 discharges in 2005, representing 54 percent of all revenue. Hospitals treated 10,588,334 outpatients, representing 46 percent of all revenue.
- **Corporate Status:** More than one half of the acute care hospitals (55%) were organized on a nonprofit basis. More than one quarter (27%) were organized by county or municipal governments. The remaining 24 percent of all acute care hospitals were organized on a proprietary basis.

Figure A
Number
of Acute
Care
Hospitals
in Each
County,
Indiana

Source: Indiana State Department of Health, 8/

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Inpatient Utilization

The majority of Indiana acute care hospitals have general medical-surgical beds and intensive care units available on a 24-hour basis. (See Table A.)

Table A: Inpatient Beds, Discharges, and Average Length of Stay²

Hospital Service	Number of Hospitals with Service	Number of Set-up Beds	Total Number of Discharges	Average Length of Stay
Burn Care	3	29	646	9.5
Cardiac Intensive	27	475	20,644	5.5
ICU Med/Surg	103	1,419	48,873	6.4
ICU Neonatal	23	514	7,206	15.2
ICU Pediatric	6	96	1,293	6.3
Medical/Surgical	126	9,546	448,971	4.6
Neonatal Intermed	8	75	1,259	9.2
Obstetrics	96	1,603	96,507	2.5
Pediatrics	46	903	27,828	4.1
Psychiatric	18	429	15,654	6.2
Rehabilitation	42	1,213	30,594	8.9
Substance Abuse	22	450	8,317	11.9
Swing Beds	14	NA	1,165	22.2
Other	19	743	28,124	NA
Acute Subtotal	134	17,495	737,581	4.9
Normal Newborn	95	1,681	79,765	2.3
Nursing Facility	33	1,628	23,260	13.7

The average hospital will establish a charge structure for each of its services³, based on the age of the patient and severity of all diagnoses to be treated during a hospital stay. The information in Table B reflects the average charge by peer groups.

Table B: Average Charges for Hospital Stay by Hospital Size*

Hospital Service	Small Hospitals (Peer 1)	Medium Hospitals (Peer 2-3)	Large Hospitals (Peer 4-5)	Specialized Hospitals (Peer 7)
Burn Care	-	\$15,407	\$55,463	-
Cardiac Intensive	\$5,737	\$9,273	\$12,270	\$3,047
ICU Med/Surg	\$10,259	\$7,600	\$14,594	\$59,455
ICU Neonatal	-	\$26,648	\$28,968	\$29,302
ICU Pediatrics	-	\$9,265	\$34,406	-
Medical Surgical	\$3,582	\$4,731	\$3,958	\$41,170
Neonatal Intermediate	-	\$8,111	\$10,682	-
Obstetrics	\$2,954	\$3,733	\$3,011	\$2,941
Pediatric	\$2,701	\$2,741	\$5,582	-
Psychiatric	\$4,670	\$7,171	\$5,142	-
Rehabilitation	\$9,779	\$5,916	\$6,855	\$19,419
Substance Abuse	\$15,126	\$9,822	\$7,818	\$15,189
Normal Newborn	\$2,224	\$2,027	\$1,665	\$2,161

*This table compares the size of the average unit in three groupings of similarly sized hospitals.

Outpatient Utilization

Many Indiana residents receive care on an outpatient basis at Indiana hospitals. Data presented in Table C indicate that care of injuries and musculoskeletal problems were the key reasons for seeking outpatient care in a hospital setting in Indiana in 2005.

Table C: Hospital Outpatient Utilization, Indiana, 2005*

Category	ICD-9-CM Code Class	Number of Estimated Visits	Percent of Subtotal	Rank of Subtotal
Infectious Disease	001-139	131,352	2.0%	14 th
HIV	042-044	7,802	0.01%	17 th
Neoplasms	140-239	404,721	6.0%	7 th
Endocrine	240-279	791,085	11.7%	3 rd
Blood Disease	280-289	185,238	2.7%	12 th
Mental Disorder	290-319	279,566	4.1%	10 th
Nervous	320-389	331,344	4.9%	9 th
Circulatory	390-459	782,205	11.6%	4 th
Respiratory	460-519	549,999	8.2%	6 th
Digestive	520-579	398,431	5.9%	8 th
Urinary	580-629	605,251	9.0%	5 th
Pregnancy	630-677	183,939	2.7%	13 th
Skin Disorders	680-709	189,114	2.8%	11 th
Musculoskeletal	710-739	966,446	14.3%	1 st
Congenital	740-759	34,902	0.03%	16 th
Perinatal	760-779	58,968	0.9%	15 th
All Injuries	800-999	862,173	12.8%	2 nd
Subtotal		6,736,928	100.0%	
Other/Unknown		3,851,406		
Total Visits		10,588,334		

*2005 outpatient reporting was from 88.3 percent of the hospitals in Indiana (121 of 137). Please refer to Table F for outpatient trends.

In 2005, 2.6 million individuals visited hospital emergency departments (ED) for services. This represented 25 percent of all outpatient visits (see Table D).

Table D: Number of Emergency Department Visits

Emergency Departments (ED)	Number of Total ED Visits	No. of Injury-related ED Visits
109	2,646,788	733,477

Overall Trends

Table E: Hospital Utilization by Public Health District

Public Health Districts	Largest City in District	Total Acute Care Hospitals	Total No. of Set-up Beds	Average Number of Discharges	Average Outpatient Visits
One	Gary	14	2,964	8,424	83,584
Two	South Bend	12	1,347	5,205	71,352
Three	Fort Wayne	16	1,723	4,550	54,776
Four	Lafayette	7	623	3,899	68,545
Five	Indianapolis	27	5,093	6,922	111,888
Six	Muncie	17	1,623	3,920	62,410
Seven	Terre Haute	7	651	4,185	46,627
Eight	Bloomington	9	941	4,737	69,421
Nine	Clarksville	12	1,036	3,773	67,044
Ten	Evansville	13	1,494	5,044	79,953
Total		134	17,496	5,383	77,287

Between 2000 and 2005, 11 new hospitals opened for business. Five new hospitals opened for general acute care services, two new hospitals specialized in rehabilitation, and four new hospitals were designed to meet long-term acute care needs.

Between 2000 and 2005, three acute care hospitals closed. The closed hospitals include St. Elizabeth Ann Seton, Evansville (2005); Winona Hospital, Indianapolis (2005); and Wirth Regional Hospital, Oakland City (2003).

Between 2000 and 2005, 36 hospitals were designated by CMS as critical access hospitals. The hospitals receive specialized reimbursement to serve the needs of their rural community, based on an agreement to maintain no more than 25 acute care beds, and limiting the average length of stay to no more than 96 hours. They are located in a city or town with a population no greater than 20,000.

In general, since 2000, the number of inpatient admissions has declined and the number of outpatient visits has increased (see Table F.)

Table F: Five-Year Trend Line of Beds and Discharges

Statewide Indicators	2001	2002	2003	2004	2005
Total Hospitals ¹ Filing Report	131	131	133	136	137
Total Hospital Set-up Beds	17,738	17,795	17,705	17,374	17,496
Number of Discharges	756,420	741,736	726,871	743,659	737,581
Average Length of Stay	4.9	5.2	4.9	4.9	4.9
Total Outpatient Visits	9,557,664	9,849,593	9,954,953	10,026,394	10,588,334

Footnotes

1. Information in this report was abstracted from 137 hospital service reports filed with ISDH under the Indiana Hospital Financial Disclosure Act (IC 16-21-6-6). This information represents all acute care hospitals licensed under IC 16-21-1. The reports do not include psychiatric hospitals licensed under IC 12-25.
2. Definitions of terms used in this report are as follows:

Terms Used in Hospital Service Report	Definition
Set-up Beds	The actual number of available beds set up and staffed for inpatients as of December 31, 2005.
Discharges	Count of inpatients that have expired during their stay, or have had a formal release from the hospital to home or to another health care setting.
Patient Days	Inpatient day is a period of service between the census-taking hours on two successive days, with the day of discharge being counted only when the patient was admitted the same day.
Average Length of Stay	Number of patient days over the number of discharges.
Total Charges	Total charges for all inpatient care in this hospital unit.
Average Charge	Total charges divided by the number of discharges for a service.
Peer Groups	Calculation of factors such as beds, patient days, and charges to establish a grouping of hospitals with similar resource capacity. This report summarizes the information by small, medium, large, and specialized hospitals.
Public Health Districts	To assist county health departments and hospitals, ISDH designated 10 geographic regions in Indiana for coordination of bioterrorism funds and charging of information, training, and equipment. Note: A map of Indiana Public Health Districts can be found at http://www.in.gov/isdh.healthinfo/districts.htm .
Outpatient Visit	A visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Total outpatient visits include all clinic visits, referral visits, observation services, outpatient surgeries, and emergency department visits.

Terms Used in Hospital Service Report	Definition
Children's Hospitals	Have services that are furnished to inpatients predominately under the age of 18 years.
Critical Access Hospitals (CAH)	Are rural community hospitals that receive cost-based reimbursement. To be designated as a CAH, a rural hospital must meet defined criteria that are outlined in the Conditions of Participation (42 CFR 485) and subsequent legislative refinements to the program through the Medicare Balanced Budget Refinement Act (BBRA), Benefits Improvement and Protection Act (BIPA), and Medicare Modernization Act (MMA).
Long-Term Hospitals	Have an average patient length of stay of greater than 25 days.
Psychiatric Hospitals	Provide diagnostic and treatment services to patients with mental and/or emotional disorders.
Rehabilitation Hospitals	Provide medical, health-related social and/or vocational services to disabled individuals to help them attain their maximum functional capacity.
Short-Term Hospitals	Have an average patient length of stay of 25 days or less.

Definitions of Hospital Services

Hospital Service	Definition
Burn Care	Provides care to severely burned patients. Severely burned patients are those with any of the following: second-degree burns of more than 25 percent total body surface for adults or 20 percent total body surface area for children; (2) third-degree burns of more than 10 percent total body surface; (3) any severe burns of the hands, face, eyes, ears, or feet; and (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures, other major trauma, and other risks.
Cardiac Intensive	Provides patient care of a more specialized nature than the usual medical/surgical care. The unit focuses on patients because of heart seizure, open-heart surgery, or other life-threatening conditions who require intensified comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
ICU Medical/Surgical	Provides patient care of a more intensive nature than the usual medical/surgical care. These units focus on patients who, because of shock, trauma, or other life-threatening conditions, require intensified comprehensive observation and care.

Hospital Service	Definition
ICU Neonatal	A unit that must be separate from the newborn nursery that provides intensive care to all sick infants including those with very low birth weight (less than 1,500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from other institutions.
ICU Pediatric	Provides care to pediatric patients that is more intensive in nature than usually provided to pediatric patients. The unit focuses on younger patients who, because of shock, trauma, or other life-threatening conditions, require comprehensive observation and care.
Medical/Surgical	Provides acute care to patients in medical and surgical units.
Neonatal Intermediate	A unit that must be separate from the normal newborn nursery and provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
Obstetrics	Provides services for maternity and newborn services and may be supervised by a full-time maternal/fetal specialist.
Pediatric	Provides acute care to pediatric patients in need of low intensity care.
Psychiatric	A CMS diagnosis-related group (DRG) exempt unit admitting and actively treating patients for a principal diagnosis that is listed in the <i>Third Edition of the American Psychiatric Association's Diagnostic and Statistical Manual</i> or in Chapter Five ("Mental Disorders") of the <i>International Classification of Diseases, Ninth Revision, Clinical Modifications</i> (ICD-9-CM).
Rehabilitation	A CMS DRG exempt unit where 75 percent of the inpatient population requires intensive rehabilitation services for treatment of stroke, spinal cord injury, congenital deformity, amputation, major multiple trauma, fracture of femur, brain injury, polyarthritis, neurological disorders, and/or burns.
Substance Abuse	Provides diagnoses and therapeutic services to patients with alcoholism and other drug dependencies. The unit is reimbursed by DRG system and has no special CMS exemption.
Swing Bed Program	Under Section 1883 (b) of the Social Security Act, CMS determines if a hospital is located in a rural area and has: (1) less than 49 beds or (2) between 49 and 99 beds. That determination allows the service to provide either acute or long-term care services. A hospital is not required to identify the number of beds for this service in this report.
All Other Services	Includes a subtotal of any other services (with beds and discharges) that were not specified above.

Hospital Service	Definition
Total Acute	This row is a total of the previous 15 rows and represents total discharges, patient days, and set-up beds in the hospital (minus any LTC certified nursing facilities).
Normal Newborn	Provides care in a normal infant bassinet.

3. Acute care hospitals began to record total charges within the hospital service report in calendar year 2002. Total charges reflect the billed charges within that service and do not include ancillary charges billed by other hospital units (such as laboratories). Table B reflects the average charge per stay or the total charges divided by discharges for each of the 13 hospital services.

Health Care Regulatory Services

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